Meeting Registration

Cancer Biology Chair & Program Directors Retreat and 2010 Annual Meeting
November 5-7, 2010 - Friday through Sunday
Hilton Tucson El Conquistador Golf & Tennis Resort, Tucson, Arizona

Fax to:
Sheridan Wilder
(480) 393-4589

Attendee Information ☐ Faculty ☐ Grad Student ☐ Male ☐ Female

Name: _____
As should appear on Name Badge

Institution: _____

Telephone: _____

Email: _____

Guest Name: _____

Graduate Student(s) Name: _____

Registration Payment

Faculty Attendee	$530
Add Spouse/Guest	$265
Grad Student Attendee	$395
Day Attendee	$275
Extra night	$125
Late fee after Aug 31	$50
Annual Institutional Membership	$500
TOTAL	

Membership

The Cancer Biology Training Consortium welcomes new institutional members. Membership to CABTRAC gives access to your faculty, key department administrators and students. Membership benefits include:

- Sharing of curricula, best practices, funding opportunities, translational training, career paths for cancer biology students, etc.
- Website benefits include highlighting your department, link to your website and job postings for faculty and postdoc positions

The Annual Institutional Membership Fee is $500, due July 1 each year and can be paid with the meeting registration. See Membership Application.

Please select one:

☐ Include 2010-2011 Membership with Registration payment ☐ Invoice me separately for 2010-2011 Membership ☐ Already paid by my sponsor

Registration

Registration fee includes room accommodations for two nights, all meals from dinner Friday night through lunch on Sunday, onference costs and taxes. The registration fee does not include any transportation. Hotel rooms will be assigned at check-in; graduate students will be assigned shared rooms. See the Meeting Information Sheet or visit www.cabtrac.org for more details.

Payment Method

Check	Fax registration to Sheridan Wilder at **1-480-393-4589** ***and*** mail check made payable to "Cancer Biology Training Consortium" to Sheridan Wilder, Comprehensive Cancer Center, Medical Center Blvd, Winston-Salem, NC 27157

Credit Card

Visa, MasterCard and American Express are accepted. Fax registration with card information and cardholder's signature to Sheridan Wilder at **1-480-393-4589**. You will receive a receipt by email once your card is charged.

Name on Card: _____

Card Number: _____

Expiration Date: _____ Card Billing Zip Code: _____

Amount to charge: _____ Signature: _____

Please provide the following information:

Travel ☐ I will be arriving by Air ☐ I will be driving in / arriving by Personal Car

Accomodations

Faculty Single occupancy room:	☐ King or Queen Bed	☐ Two Double Beds
Faculty Double occupancy room:	☐ King or Queen Bed	☐ Two Double Beds
Graduate Students shared room:		☐ Two Double Beds

Special Requests ☐ Vegetarian ☐ Kosher ☐Allergies: _____

☐ Other: _____

Comments _____

_____

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